

Express Mailing Label No. EV 157 532 619 US

PATENT APPLICATION
Docket No. 14689.3.1

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of)
Wayne A. Provost, et al)
Serial No.: 09/724,097) Art Unit
Filed: November 28, 2000) 2163
Conf No.: 6240)
For: INTERACTIVE CREATION AND ADJUDICATION OF)
HEALTH CARE INSURANCE CLAIMS)
Examiner: Sam Rimell)

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AMENDMENT "A"

Commissioner for Patents
Washington, DC 20231

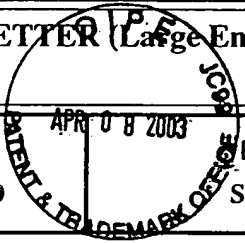

Dear Sir:


Responsive to the Office Action dated March 13, 2003, Applicants respectfully request entry of the following amendments and reconsideration of the pending claims in view of the amendments and the remarks herein.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 19 of this paper.

This listing of claims will replace all prior versions and listings of claims in the application:

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 14689.3.1	
Applicant(s): Wayne A. Provost, et al.					
Serial No. 09/724,097	Filing Date November 28, 2000		Examiner Sam Rimell	Group Art Unit 2163	
Invention: INTERACTIVE CREATION AND ADJUDICATION OF HEALTH CARE INSURANCE CLAIMS					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	26 -	35 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	5 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 23-3178 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="width: 35%; text-align: right;"> Dated: April 8, 2003 </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">  Signature R. Burns Israelsen Attorney for Applicant Registration No. 42,685 </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px;"> Typed or Printed Name of Person Mailing Correspondence </div> </div> </div> </div>					


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